

# Information Concerning Complaints

## and the Commission's Investigative Procedure

The Kentucky Civil Rights Act makes it unlawful for any person covered by the law (an employer, a union, an employment agency, a licensing agency, an apprenticeship committee or a place of public accommodation or service or a real estate broker, real estate salesman, real estate operator or financial institution) to discriminate against any individual for reasons based on **DISABILITY, RACE, COLOR, SEX, RELIGION, or NATIONAL ORIGIN.**

Discrimination is also prohibited in employment based on **AGE** (between 40 and 70) and in housing based on **FAMILIAL STATUS.**

### A. Receipt of Complaint

It is important to file your complaint as soon as possible after the act of discrimination. To be sure your rights are protected, you must file a complaint (other than housing) within 180 days after discrimination occurred. A housing discrimination complaint must be filed within one (1) year after discrimination occurred.

### B. Investigation

When the Commission receives a complaint an investigator will get in touch with you either by mail, phone or in person. All available facts will be gathered from you and from those you have charged with discrimination.

### C. Findings and Conciliation

If the Commission does not find that evidence supports your complaint, you and those you have charged with discrimination will be notified and the complaint will be dismissed.

If the Commission finds cause to believe that you have been discriminated against, it will attempt to conciliate the complaint by reaching an agreement with the company (or union, employment agency, licensing agency, place of public accommodation or service or real estate broker, salesman, operator or financial institution).

### D. Public Hearing and Enforcement

If an agreement is not reached within a specified period of time, the Commission may hold a hearing and may order compliance with the law.

**You are protected in your right to file a complaint. It is unlawful for any person to retaliate or discriminate in any manner against a person for making a charge, filing a complaint, acting as a witness or assisting this commission.**

### What to Tell Us

Answer all questions and be as specific as possible. These directions are numbered to match the sections on the form on the opposite side of this pamphlet.

**Section 1:** Be sure to give your full name and address. If you do not have a phone, give a phone number where you can be reached.

**Section 2:** Only discrimination because of race, color, religion, national origin, sex, age (between 40 and 70), disability, familial status in housing, or retaliation for filing a complaint or participating in a discrimination investigation is covered by the act. If your complaint is based on any other kind of unfair treatment, such as discrimination because of your political affiliation or style dress, this Commission does not have jurisdiction over your case.

**Section 3:** If you believe that other parties (for example, a labor union or any employment agency, in addition to an employer) were involved in the act of discrimination, list them under "And (other parties, if any)".

**Section 4:** If you have filed this complaint with a local human relations commission or with the Federal government, check "yes" and give the name.

**Section 5:** Give the day, month and year of the most recent date the discrimination took place. In some instances, the discrimination may be continuing; for example, seniority lines are segregated.

**Section 6:** Tell us as much as you can. For example, Were you fired? Did you fail to get a promotion? Did the company refuse to refer you to a job? Did a restaurant refuse you service? Did a swimming pool manager refuse to let you in? Did a real estate broker refuse to show or sell you a house? Did an apartment manager refuse to rent you an apartment? Who discriminated against you? How did they discriminate? Why do you believe it was because of your race, color, religion, national origin, sex, age, disability or familial status?

**Section 7:** Sign your name and mail or take this form to:

**Kentucky Commission on Human Rights  
The Heyburn Building, Suite 700  
332 West Broadway  
Louisville, KY 40202**

*If it is difficult to have this complaint notarized, complete all other parts and the Commission will assist you where notarization is required by law.*

## How To File A Complaint of Discrimination

Based on:

**RACE**

**COLOR**

**RELIGION**

**NATIONAL ORIGIN**

**SEX**

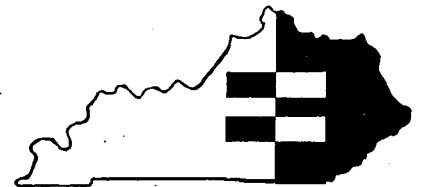
**AGE**

**(Between 40-70)**

**DISABILITY**

**FAMILIAL STATUS  
(In Housing)**

**RETALIATION**



**Kentucky Commission on Human Rights**  
(502) 595-4024 or 1-800-292-5566.  
TDD Lines: (502) 595-4084 or  
Kentucky Relay Service 1-800-648-6056 (tty/tdd).

# COMPLAINT OF DISCRIMINATION

**Mail or  
deliver to:**

**Kentucky Commission on Human Rights**  
Suite 700, The Heyburn Building, 332 West Broadway  
Louisville, Kentucky 40202

(please print or type)

1	YOUR NAME		PHONE NUMBER
	STREET ADDRESS		
	CITY	STATE	ZIP CODE
2	WAS THE DISCRIMINATION BECAUSE OF: (please check one) <input type="checkbox"/> Race or <input type="checkbox"/> Religion <input type="checkbox"/> National <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> Age in employment <input type="checkbox"/> Familial status <input type="checkbox"/> Retaliation <input type="checkbox"/> Color <input type="checkbox"/> origin <input type="checkbox"/> (between 40-70) <input type="checkbox"/> in housing		
3	Who discriminated against you? Give name and address of the employer, labor organization, employment agency, apprenticeship committee, licensing agency, or public accommodation, or real estate broker, or lender or apartment manager. List all.		
	NAME _____		
	STREET ADDRESS _____		
	CITY _____ STATE _____ ZIP CODE _____		
	AND (other parties if any) _____		
4	Have you filed a complaint with any other governmental agency? <input type="checkbox"/> Yes <input type="checkbox"/> No Which One? _____		
5	The actual date or the most recent date on which this discrimination occurred:		Time of Day _____ Month _____ Day _____ Year _____
6	Explain what unfair thing was done to you:		
	(Attach another piece of paper if you need more room)		
7	I SWEAR OR AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.		
	_____ (SIGNATURE OF COMPLAINANT)		
	Subscribed and sworn to before me this _____ day of _____, 19____ at _____, Kentucky		
	My commission expires on _____ _____ (NOTARY PUBLIC)		